

18304 U.S. PTO
121103Please type a plus sign (+) inside this box

UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<i>Attorney Docket No.</i> VTN 568 CIP3									
		<i>First Inventor</i> Enns, John									
		<i>Title</i> ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR PRODUCTION									
		<i>Express Mail Label No.</i> ER 057512917 US									
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 56] <i>(Preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 4]</p> <p>5. Oath or Declaration [Total Pages 5]</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: U.S. Serial No. 10/703770, filed on November 7, 2003 and U.S. Ser. No. 10/028,400, filed on December 20, 2001, which claimed priority from provisional application U.S. Ser. No. 60/257,030, filed on December 21, 2000 Prior application information: Examiner Frank I. Choi Group Art Unit: 1616 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p> <p>20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Karen A. Harding at: Telephone: (904) 443-3074 Fax: (904) 443-3078</p> <p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p> <table border="1" style="width: 100%;"> <tr> <td>NAME</td> <td>Karen A. Harding</td> <td>Reg. No. 33967</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2"></td> </tr> <tr> <td>DATE</td> <td colspan="2">December 10, 2003</td> </tr> </table>			NAME	Karen A. Harding	Reg. No. 33967	SIGNATURE			DATE	December 10, 2003	
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SIGNATURE											
DATE	December 10, 2003										

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FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	December 10, 2003
	First Named Inventor	Enns, John
	Group Art Unit	
	Examiner Name	
Attorney Docket Number	VTN 568 CIP3	

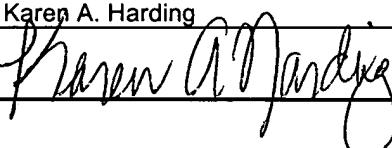
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	44 - 20 =	14	x 18.00	\$ 252.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 992.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/VTN568CIP3/KAH in the amount of \$992.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN568CIP3/KAH. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Karen A. Harding	Reg. No. 33967
Signature		Date: 12/10/2003
		Deposit Account No. 10-0750

DOCKET NO. VTN 568 CIP3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Johnson & Johnson Vision Care, Inc.

For : ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR
PRODUCTION

Express Mail Certificate

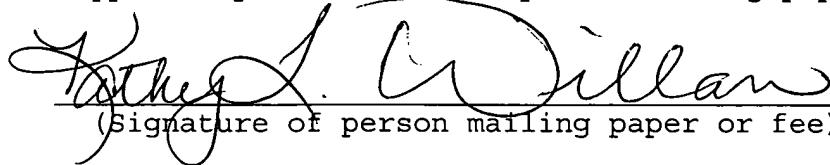
"Express Mail" mailing number: ER 057512917 US

Date of Deposit: December 10, 2003

I hereby certify that this complete application, including specification pages, claims, informal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kathy L. Willan

(Typed or printed name of person mailing paper or fee)


Kathy L. Willan
(Signature of person mailing paper or fee)